

## Ontario Medical Association Annual Meeting

The sixty-ninth annual Council meeting went on for two days before the scientific sessions. Dr. H. D. Logan was in the chair; he was amiable and patient as he needed to be, for the sessions lasted far into the night. The London Kiwanis Club entertained the 127 Council members at a luncheon where Dr. William Magner made an eloquent speech on health insurance.

The Board of Directors reported that in 1948 there were 3,922 members of the O.M.A. At present the 1949 membership numbers 3,840.

Physicians' Services Incorporated, owned and operated by the profession has enrolled 31,000 subscribers.

The administration of the Medical Welfare Board was discussed. This Board administers the medical fees paid to welfare recipients. In fourteen years of work physicians have gained experience and information about the incidence of illness and the cost of care. Council accepted the principle that eventually the business administration of Welfare could be delegated to Physicians' Services Incorporated, but this is not to be done until the position regarding the provision of medical care developing between the Department of Welfare and the Department of Health is clarified.

Council considered the eighteen principles regarding health insurance approved by the C.M.A. in 1944 and the basic requirements for health services approved in 1946 and agreed that the principles as established a few years ago should be brought up to date. This was done. One doctor expressed the feeling of the majority of Council when he said, "I want to feel we are leading the parade for reform in distribution of medical care and are not being pushed from behind".

Dr. A. L. Story and his committee worked hard on the tariff but Council was not ready to adopt the tariff as printed. The schedule of fees was referred to a committee on tariff appointed by the Board of Directors at its first meeting.

Dr. R. K. Magee reported the tremendous new interest on the part of the public, the profession and the government in the field of cancer. It is expected that the provincial government will soon match the federal grant and that about half a million dollars will be available in Ontario for cancer work. The medical profession must have their thoughts on cancer crystallized and ready to present to the government. It is impossible to divorce cancer from the whole picture of health services for the provinces. At present there are three committees concerned, the Medical Care Committee, the Cancer Committee of the O.M.A. and the Ontario Cancer Foundation. Consolidation of these three committees would unite the authority of the O.M.A. with the funds of the Foundation.

The most contentious problem is medical planning for cancer diagnosis and treatment. The next problem is close integration of O.M.A. and the Foundation. With new funds available the Foundation may be brought into all phases of cancer treatment, including surgery. It will be the responsibility of the profession to see that cancer surgery is adequate. It may be possible to arrange that surgery through the establishment of further diagnostic centres where radiotherapeutic consultation may be available to the outlying surgeon.

The Routley Shield was won by the Lincoln County Medical Society. During the past year 80% of their delegates attended the O.M.A. Council, 60% of their members attended the O.M.A. annual meeting, 75% of their members attended the O.M.A. committee meetings to which they belonged, 60% of their members attended refresher courses. Among the outstanding speakers who addressed their Society meetings were: Dr. Joe Meigs, Dr. Sara Jordan and Dr. Frank Lahey of Boston, Dr. Ford Connell of Kingston, Dr. Champ Lyons of New Orleans, Dr. John Paine and Dr. John Talbot of Buffalo. Scientific papers written by their members included two articles in the *Canadian Medical Association Journal* by Dr. Dean Macdonald and one in the *Journal of Thoracic Surgery* by Dr. C. G. Shaver of Niagara Peninsula Sana-

torium where he identified and described a hitherto unreported disease entity.

Officers of the O.M.A. for next year are: *President*—Dr. W. V. Johnston, Lucknow; *President-Elect*—Dr. E. K. Lyon, Leamington; *Chairman of Council*—Dr. W. W. Bartlett, Brampton; *Honorary Treasurer*—Dr. Paul Hill, Lansing.

There were 750 members registered. Both the scientific meetings and the social gatherings were well-attended.

LILLIAN A. CHASE

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## CANADIAN ARMED FORCES

### News of the Medical Services

Surgeon Lieutenant Commander J. W. Scott, R.C.N.(R.) (Ret'd.), who is presently engaged in post-graduate studies in London, England, represented the Medical Services of the Canadian Armed Forces at the meeting of the Inter-Allied Committee of Reserve Medical Officers of the Western Union held in Ostend, Belgium, June 11 to 15.

The C.O.T.C. program at the R.C.A.M.C. School, Camp Borden, for the present training season, includes the following lectures by officers who held senior appointments in the R.C.A.M.C. during the late War:

The History of the R.C.A.M.C. in Two World Wars—Major-General C. P. Fenwick, C.B., C.B.E., M.C., E.D.

Medical Problems of Higher Formation—Brigadier H. M. Elder, C.B.E., D.S.O.

The Rôle and Organization of Specialist Services in War—Brigadier J. A. MacFarlane, O.B.E., E.D.

The Surgery of War—Lieut.-Col. C. E. Corrigan, D.S.O., E.D.

Preventive Medicine Service in War—Colonel M. H. Brown, O.B.E.

Medical Aspects of Bacteriological Warfare—Lieut.-Col. J. L. Blaisdell.

At the invitation of the U.S. Army, the following officers from Army Headquarters, Ottawa, attended the third meeting of the Armed Forces Medical Materiel Group at San Antonio, Texas, from May 23 to 28, 1949: Colonel C. B. H. Climo, D.C.M., E.D., R.C.D.C.; Lieut.-Col. C. G. Wood, O.B.E., R.C.A.M.C.; Lieut.-Col. S. W. Cavender, U.S.M.C.; Major J. A. MacGowan, R.C.D.C.; and Captain R. H. McCagg, R.C.A.M.C. Also attending were: Lieut.-Col. G. H. Raymond, R.C.A.M.C., of Montreal Military Hospital, and Lieut.-Col. A. L. Kerr, R.C.A.M.C., Area Medical Officer, Eastern Quebec Area.

The group exists to standardize all medical and dental materials to be used by the medical services of the U.S. Armed Forces, and has already developed and tested many major items of equipment. Constant liaison is maintained with the British and Canadian Medical Services, both of which are now regularly represented at the meetings.

Wing Commander J. A. Sullivan, Consultant in Otolaryngology to the R.C.A.F., has proceeded to England, where he will present a paper in his specialty before the International Congress of Otolaryngology.

Wing Commander H. J. Bright of Edmonton and Wing Commander G. A. Graham of Centralia, recently qualified as Flight Surgeons following an appropriate course at the School of Aviation Medicine U.S.A.F., Randolph Field, Texas.

The Armed Forces Medical Section of the 80th Annual Meeting of the Canadian Medical Association, under the Chairmanship of Dr. H. G. Young and with Dr. G. C. Bradley as Secretary, created more than usual interest and was very well attended.

At the morning session Wing Commander Brock Brown, R.C.A.F., Commanding Officer, Institute of Aviation Medicine, Toronto, outlined the newer problems and recent progress in Aviation Medicine. His paper had particular application to the physiological stresses imposed on the body by high speed high altitude flight. All factors such as acceleration, deceleration, anoxia, etc., become increasingly greater problems at 1,000 miles per hour. At this speed one travels 1,466 feet per second; consequently, the reaction time of the pilot is of great importance.

Surgeon Captain A. McCallum, Medical Director General of the Royal Canadian Navy, presented a paper which reviewed the statistics so frequently publicized giving an unfavourable impression of the general state of health of Canada's population. He pointed out that many cases of rejection of members of the fighting forces had no relation to health or longevity as such. Reference was made to the lack of doctors trained in appraisal of a new recruit, with a consequent tendency to give the individual the benefit of a borderline decision rather than to accept an element of risk in favour of the country's needs for large numbers in a fighting force. His conclusion was that, generally speaking, the youth of Canada is physically sound. He closed his remarks with the question, "What does it profit a nation to have a physically perfect armed force, but only in sufficient numbers as could lose a war?"

Lieut.-Col. William Feasby, R.C.A.M.C. (Ret'd.), outlined the progress being made in recording the official history of the Medical Services of the Armed Forces in World War II. Two volumes will ultimately be published, one bearing on the organization and growth of the three Medical Services and the other volume dealing with the clinical aspects encountered during the war. At least one more year will elapse before these volumes are available.

At the afternoon session a paper was read by Surgeon Lieutenant Commander J. M. Parker, R.C.N.(R.) (Ret'd.), on certain aspects of Chemical Warfare as experienced during World War I and II. The paper was illustrated by coloured lantern slides to show the distribution and the nature of the lesions incurred.

Major J. S. Hitsman, R.C.A.M.C., attached to the Paratroop Training Centre at Rivers, Manitoba, presented a paper illustrated by slides and motion pictures demonstrating the various steps taken in such training, both on the ground and in the air. He also pointed out the types and relative prevalence of the injuries which might be sustained during such training.

A discussion period followed each paper, in which a large number took part. Many pertinent questions were asked, which were adequately answered by the various speakers.

## SPECIAL CORRESPONDENCE

### The London Letter

(From our own correspondent)

#### B.M.A. IN CONFERENCE

Meeting at Harrogate this year in the midst of a sweltering heat wave which made the golf course appear much more attractive than the conference room, the delegates to the annual meeting of the British Medical Association found their attention centred on two major problems. The more important of these raised a vital matter of principle so far as the National Health Service is concerned. This is the omission from the National Health Service (Amendment) Bill now before Parliament, of a clause compelling the Minister of Labour to refer to arbitration disputes concerning remuneration and conditions of service of individuals employed in the Service. Under the terms of the Bill at present the Minister has

powers to refer such disputes to arbitration, but is not compelled to do so. This is obviously a state of affairs which no profession can tolerate, as it means that in the event of a dispute concerning remuneration of conditions of service, the "employers", i.e., the Ministry of Health, would be able to enforce their views upon the "employees", i.e., the doctors, without the latter having any right of appeal to an independent court of arbitrators. The B.M.A. representatives at Harrogate nobly sacrificing the joys of the golf course and of the lovely Yorkshire dales for the utter discomfort of English halls characteristically designed to reduce the circulation of air to a minimum, made it abundantly clear that here was a matter of principle which they were going to resist, even to the extent of resigning en masse from the Service, if necessary.

The other major problem at this year's meetings was the difficulty that has arisen over the decisions as to who shall, and who shall not, be specialists in the new Service. The committees which have been given the invidious task of combing through the staffs of the hospitals of the country and deciding which of their staffs shall be nominated as specialists, have been primarily handicapped by the need for speed. This is but another example of the baneful effect upon the health services of the country, produced by the illogical and importunate speed with which the present Government insisted upon introducing the scheme now reaching, rather unsteadily, the end of its first year of existence.

#### ACCIDENTS IN THE HOME

A recent issue of the *Monthly Bulletin* of the Ministry of Health has re-focused attention on a problem which has never received adequate attention in this country, namely the alarming number of accidents in the home. It is shown, for instance, that more children die from accidents in their own homes than from any single infectious disease, and it is estimated that 17 persons are killed every day by such accidents. This probably means that ten times as many sustain injuries as require medical attention. One of the major causes of such accidents are unguarded fires, and striking confirmation of the official figures is provided by the experience of the Birmingham Accident Hospital. During a three and a half year period (1945-48) this hospital admitted 70 people burned in their homes by contact with electric or gas fires, of whom 13 died of their injuries, and 110 people were burned by contact with coal fires, of whom 15 died. If these figures are taken as a representative sample, it is estimated that in the whole country at least 1,400 persons are burned in this way annually, and of these at least 250 die of their injuries. That the seriousness of the problem is not appreciated is suggested by Dr. Leonard Colebrook's report that at a recent housing exhibition he counted 28 different types of electric and gas fires that were not provided with an adequate guard, and that there were only eight safe types. The other dangerous feature at the moment is the highly inflammable nature of the garments worn by women and children. The more general adoption of nylon materials would remove this particular danger. Dr. Colebrook states that in contact with a fire such nylon materials as he has been able to test melt without any visible flame.

#### ART AND HEALING

It is now eleven years since Mr. Adrian Hill, the artist, following his experiences as a patient of one of the leading sanatoria in the country, introduced the concept of the therapeutic value of art in the treatment of tuberculous patients. There are now full-time art therapists at a few hospitals and sanatoria, whilst in others weekly art sessions are held. The South-Western Metropolitan Regional Hospital Board has now set up an art therapy committee to review the work being done in this connection and to encourage